

# **UNDERGROUND STORAGE TANK CASE REVIEW FORM**

Case reviewer:	Unit Chief:	Section Chief:	Division Chief:	AEO:	EO:
Date:			LUSTIS file no.:		
Site Name/Address:		Responsible parties:	Address:		Phone no.:

**I. CASE INFORMATION** (N/A = Not Applicable)

Tank No.	Size in Gallons	Contents	Closed in-place/Removed?	Date
1				
2				
3				
4				

**II. SITE CHARACTERIZATION INFORMATION** (GW=groundwater, --- =Not Reported )

GW Basin:	Beneficial uses:	Depth to drinking water aquifer:	
Distance to nearest municipal supply well:		Distance between known shallow GW contamination and aquifer:	
GW highest depth:	GW lowest depth:	Well screen interval:	Flow direction:
Soil types:		Maximum soil depth sampled:	

**III. MAXIMUM DOCUMENTED CONTAMINANT CONCENTRATIONS -- Initial and Latest** (ND=Non-detect; NRQ=Not required)

Contaminant	Soil (rng/kg)		Water (µg/L)		Contaminant	Soil (rng/kg)		Water (µg/L)	
	Initial (Year)	Latest (Year)	Initial (Year)	Latest (Year)		Initial (Year)	Latest (Year)	Initial (Year)	Latest (Year)
TPH (Gas)					Ethylbenzene				
TPH (Diesel)					Xylenes				
Benzene					MTBE				
Toluene					Other				

**IV. SOIL REMEDIATION**

Method:	Duration of remediation:
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**V. GROUNDWATER REMEDIATION**

Method:	Duration of remediation:
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**VI. FREE PRODUCT:**

Was free product encountered?    Yes    No	Has free product been totally recovered?    Yes    No
When was free product recovery project completed?	

**VII. RECOMMENDED ACTION:**

Soil Closure only:    Yes    No	Case Closure:    Yes    No	Solvent Case?    Yes    No
Additional Action Required (i.e.: additional site assessment, remediation, monitoring):		

**VIII. COMMENTS AND JUSTIFICATION FOR RECOMMENDED ACTION:**

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**IX. MTBE FATE & TRANSPORT ANALYSIS:**

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